

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

### **I. DISPUTE**

1. a. Whether there should be additional reimbursement for date of service 05/03/01.
- b. The request was received on 01/08/02.

### **II. EXHIBITS**

1. Requestor, Exhibit I:
  - a. TWCC 60
  - b. HCFA-1500
  - c. EOBs
  - d. Based on Commission Rule 133.307 (g) (4), the Division notified the Requestor of the Requestor's requirement to submit two copies of additional documentation relevant to the fee dispute on 05/03/02. There is no response from the Requestor found in the file.
  - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.

2. Respondent, Exhibit II:

There was no carrier sign sheet noted in the dispute packet. There are no carrier responses in the case file.

### **III. PARTIES' POSITIONS**

1. Requestor: No request letter found in case file.
2. Respondent: No response found in case file.

### **IV. FINDINGS**

1. Based on Commission Rule 133.307(d) (1) (2), the only date of service eligible for review is 05/03/01.
2. This decision is being written based on the documentation that was in the file at the time it was assigned to this Medical Dispute Resolution Officer.

3. Per the provider's TWCC-60, the provider billed the carrier \$4,592.00.
4. Per the provider's TWCC-60, the carrier paid the provider \$811.00.
5. Per the provider's TWCC-60, the amount in dispute is \$3,449.00.
6. Per the provider's Table of Disputed Services, the CPT codes in dispute are 64999 and 64640. The provider's TWCC-60 lists CPT code 64999 twice with the amount billed as \$1,820.00 for each code. The HCFA and EOB submitted by the provider indicate that \$140.00 was billed for each 64999 CPT code listed.

## **V. RATIONALE**

Medical Review Division's rationale:

The carrier denied the charges as "G – REIMBURSEMENT FOR THIS PROCEDURE INCLUDED IN THE BASIC ALLOWANCE OF ANOTHER PROCEDURE."

Before determining whether or not additional reimbursement is warranted, the Medical Review Division must first determine that the services were rendered as billed. After review of the dispute file, no documentation was noted to support the services billed. **No** additional reimbursement is recommended.

The above Findings and Decision are hereby issued this 6th day of September 2002.

Donna M. Myers, B.S.  
Medical Dispute Resolution Officer  
Medical Review Division

DMM/dmm